PLEASE TYPE	E OR PRI	INT	
□ Ms.			
Mr Artist	Jose	ph M. Wo	oddell
/ Will Altiot			(Last Name Last
Permanent 4	1200	Lander Rd.	Chagrin Fall
/\ddi000	Street		City
4402	2	Daytime Tel. ( )	831-8663
Zip		Area Code 216	
Temporary or			
Studio Addres			
	Street		City
		Daytime Tel. ( )	
Zip		Area Code	
If you do not	presently	y live in one of the c	ounties of the
		hich county were you	
Collaborator			
		(If Any)	
If May Show	entries a	re not accepted or n	not sold:
Artist will	pick up a	at Museum.	
Artist will      □ Museum sl			
☐ Museum sl	hould dis		s expense

## **Special Instructions**

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

This Entry Blank must be fully made out and signed. Unsigned Entry Blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until July 21, 1985.

The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed in the Entry Information.

O NOT DETACH

Signature Joseph M. Wooddell

	☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography ☐ 4. Sculpture 🖾 5. Crafts								
	Materials								
	Wood								
	Title Walnut Burl Box								
	Price or NFS B 12.5.		Insurance Value if NFS Only 2			ze ½"x 3 ½" x 6 ¾			
	GRAPHICS AND PHOTOGRAPHY ONLY								
	Additional No. For Sale	Total No. i	l No. in Edition Price Unfrar		ce framed	Price of Frame			
	ACCEPTED D	O NOT WRIT	E IN THIS	SECTI	ON	ACCEPTED			
	REJECTED		REJECTED						
ЕТАСН	2 ☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography ☐ 4. Sculpture 🗡 5. Crafts								
DE	Materials								
	Wood								
	Title Snakewood Box								
	Price or NFS B 95.	Insurance Value If NFS Only				'x 35/6" × 9/2			
枋	6.17 GRAPHICS AND PHOTOGRAPHY ONLY								
T.	Additional No. For Sale				rice Price of Inframed Frame				
	/(OOLI ILD	O NOT WRITE	EIN A	CCEPT	ED	RECEIVED			
	REJECTED	9 (MSC	5) RE	EJECT	ED	DATE			